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DOCKET NO.: 4272

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
IN THE MATTER OF THE APPLICATION FOR PATENT

OF: Masanori MOCHIZUKI

| ART UNIT: 3724

SERIAL NO.: 10/053,221

| CONF. NO.: 9694

FILED: November 2, 2001

FOR: GUIDE DEVICE FOR LINEAR MOTION

ASSISTANT COMMISSIONER FOR PATENTS  
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March 8, 2002

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT:

Dear Sir:

- 1) A review of the Official Filing Receipt shows that the following corrections need to be made.
- 2) A) The applicant's address should read: Masanori Mochizuki, Yao-shi, Japan. B) Please insert the Assignment For Published Patent Application to read: Isel Co., Ltd. Yao-shi, Japan.
- 3) Please issue a corrected Filing Receipt. A copy of the incorrect Filing Receipt is enclosed. Please also make sure that the Assignee information is printed in the Published Application.

Respectfully submitted,  
Masanori Mochizuki - Applicant

WFF:he/4272

Enclosure:

postcard

copy of incorrect OFR

By

W. F. Fasse - Patent Attorney

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CERTIFICATE OF MAILING:

I hereby certify that this correspondence with all indicated enclosures is being deposited with the U. S. Postal Service with sufficient postage as first-class mail, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D. C. 20231, on the date indicated below.

M. Hellwig-Hill, March 8, 2002  
Name: Maren Hellwig-Hill - Date: March 8, 2002

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/053,221	11/02/2001	3724	370	4272	9	19	2

CONFIRMATION NO. 9694

021553  
FASSE PATENT ATTORNEYS, P.A.  
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HAMPDEN, ME 01444-0726

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\*OC00000007544513\*

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Masanori Mochizuki, Osaka, JAPAN;

Assignment For Published Patent Application:

Domestic Priority data as claimed by applicant

Yao-shi

Ise Co., Ltd. Yao-shi, Japan

## Foreign Applications

JAPAN 2000-370678 12/05/2000

JAPAN 2001-12707 01/22/2001

If Required, Foreign Filing License Granted 02/27/2002

Projected Publication Date: 06/06/2002

Non-Publication Request: No

Early Publication Request: No

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## Title

Guide device for linear motion

## Preliminary Class

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Bib Data Sheet

CONFIRMATION NO. 9694

<b>SERIAL NUMBER</b> 10/053,221	<b>FILING DATE</b> 11/02/2001 <b>RULE</b>	<b>CLASS</b> 083	<b>GROUP ART UNIT</b> 3724	<b>ATTORNEY DOCKET NO.</b> 4272	
<b>APPLICANTS</b> Masanori Mochizuki, Yao-shi, JAPAN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2000-370678 12/05/2000 JAPAN 2001-12707 01/22/2001 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 02/27/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 021553					
<b>TITLE</b> Guide device for linear motion					
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		